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New Zealand Tobacco Retailers' Understandings of and Attitudes Towards Selling Electronic Nicotine Delivery Systems: A Qualitative Exploration

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ABSTRACT

Introduction: In 2017, the New Zealand Government signalled its intent to legalise the widespread sale of Electronic Nicotine Delivery Systems (ENDS), which many New Zealand retailers have actually sold for several years. Although ENDS uptake may reduce the harm smokers face, it requires them to adopt an entirely new practice; we therefore explored how effectively existing, non-specialist, tobacco retailers could advise and support potential quitters.

Methods: Using in-depth interviews with 18 tobacco retailers (prior to legislative change), we explored knowledge of ENDS, attitudes towards selling ENDS and supporting customers' cessation attempts, perceptions of ENDS' risks and benefits, and views on the proposed legislation.

Results: Participants generally had poor knowledge of ENDS products and provided either no advice or gave incorrect information to customers. They believed that the main benefit consumers would realise from using ENDS rather than tobacco would be cost savings; relatively few saw ENDS as smoking cessation devices. Those who stocked ENDS did so despite reporting very low customer demand, and saw tobacco as more important to their business than ENDS, citing higher repeat business, ancillary sales, and rebates. Participants typically supported liberalising ENDS availability, though several expressed concerns about potential youth uptake.

Conclusions: Tobacco retailers' limited understanding of ENDS, and the higher value they placed on tobacco, suggests they may have little capacity or inclination to support ENDS users to quit smoking. Given tobacco companies incentivise sales of smoked products, retailers have no reason to prioritise selling ENDS over tobacco.

INTRODUCTION

As in many countries, the electronic nicotine delivery systems (ENDS) products sold in New Zealand (NZ) have evolved rapidly in recent years, as has the ENDS supply chain. At the time of the research, NZ law did not allow sale of nicotine-containing e-cigarettes and e-liquids, although sales via internet-based outlets and at brick-and-mortar tobacconists, specialist ‘vape shops’, and convenience retailers had occurred for several years.[1] This anomalous situation, together with a recent court decision, led the NZ Associate Minister of Health responsible for tobacco to propose amending existing legislation to allow ENDS sales (Supplementary File 1 outlines the history of NZ ENDS regulation).[2]

Considering these restrictions, ENDS use in NZ has been reasonably high, with around 17% of people aged 15 years and older having ever used ENDS; 6% on a daily basis and 3% at least weekly.[3] While regular ENDS users tend to be adult quitters,[4] the high prevalence of ever-use among 15-24 year olds (30%) has prompted concern, as has the rapid increase in ever-use among NZ 14-15 year olds, from 7% in 2012, to 33% in 2018.[3, 5, 6] As the NZ Government is developing legislation that will allow sales of vaping products containing nicotine wherever tobacco is sold, it is crucial to consider the impact of greater ENDS availability.

The Government’s proposal to liberalise ENDS availability could theoretically help improve public health and reduce health inequities by encouraging existing smokers to switch completely to ENDS, as these products are likely to be substantially safer than combustible cigarettes. Yet, as the Government itself acknowledges, the extent to which ENDS can help achieve population health gains depends on “the extent to which they can act as a route out of smoking for New Zealand’s 550,000 daily smokers”. Most NZ ENDS users report concurrent

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Ministry of Health. 2018. Vaping and smokeless tobacco.

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smoked tobacco use (64%),[7] ~~which and our earlier research~~ suggests ~~they ENDS users~~ may require better information and support to navigate transitions from dual use to exclusive ENDS use.[8, 9] Retailers could therefore play a crucial role in determining whether or not the intended population health gains are realised. To meet smokers' needs, ~~and help realise population health benefits from harm reduction, such as switching to ENDS,~~ retailers will require sound knowledge of the products they sell and how switching occurs. Specialist vape shops, typically staffed by people who have themselves transitioned from smoking to using an ENDS device, may provide this advice and guidance.[10, 11] However, it is unclear how effectively non-specialist retailers support transitions from smoking to vaping. To inform proposed legislative change, we examined the following research questions:

RQ1: What knowledge do non-specialist tobacco retailers have of ENDS products, and how effectively could they assist smokers wishing to use ENDS in a cessation attempt?

RQ2: What are non-specialist tobacco retailers' views on the Government's plans to liberalise ENDS sales, and on selling ENDS as a potential alternative to combustible tobacco?

METHODS

Sample and Procedure

We developed a semi-structured, in-depth interview guide that outlined specific discussion topics but used flexible wording and question sequence to maintain a natural and conversational interview (see Supplementary File 2).[12] Drawing from a national database of 5,500 known tobacco retailers compiled in previous research,[13] we recruited retailers using a purposive sampling strategy[12] stratified by area-level socioeconomic-status (SES), urban/rural location, and outlet type. We drew an equal number of retailers from the Otago and Wellington regions to ensure we obtained a varied representation of tobacco retailers in NZ. We recruited 18 participants, after which saturation (defined as no new idea elements in two consecutive

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interviews) was achieved and data collection stopped (Figure 1 outlines how the final sample was achieved).

LR and LT conducted the interviews, which lasted an average of 43 minutes, between November 2017-March 2018. The interviewers visited potential participants, told them the study aims, gave them an information sheet, and set an interview time with those who consented and met eligibility criteria (e.g. English language comprehension compromised their ability to provide informed consent or if they did not wish to be audio-recorded). All participants gave written informed consent before the interview commenced, and were offered a NZ\$40 gift voucher to reimburse any expenses they incurred by participating in the study. The study was reviewed and approved by a delegated authority of the University of Otago Human Ethics Committee.

Data Analysis

The interviews were transcribed verbatim and checked by LR and JB; LR drafted a coding structure using the interview guide as an initial framework, which she, JH, LM and JB reviewed and agreed. We analysed the data using qualitative descriptive analysis, an approach designed to elicit information for practical applications.[14] Qualitative description aims to provide “rich, straight descriptions” and thus differs from more interpretive approaches designed to inform theory development.[14] JB, JH and LM coded five transcripts independently, compared and refined initial categories, discussed key findings and agreed on policy implications. JB subsequently coded the remaining transcripts in consultation with LR, LM and JH.

RESULTS

Participant Characteristics

The sample of 18 participants comprised twelve men and six women, aged 25-59. Seven participants were Indian, six were New Zealand European, four were Chinese, and one identified as both New Zealand European and Māori. Nine of the retail outlets sampled were convenience stores, eight were supermarkets, and one was a service station. Table 1 contains details of store and participant characteristics; participants are referred to as (P(n)) with Y indicating they sell ENDS and N indicating they do not.

Table 1: Participant Characteristics

Name	Outlet type ^a	NZDep ^b	Stock ENDS	Role	Time in Role	ENDS User	Smoker	Gender	Age	Ethnicity	Education
P1	Convenience Store	High	Yes	Manager	2.5 - 3 years	Never	Never	M	25	Indian	Certificate/Diploma
P2	Convenience Store	High	Yes	Manager	Unclear	Never	Never	M	27	Indian	Certificate/Diploma
P3	Supermarket	Low	Yes	Owner	Unclear but > 2 years	Never	Never	M	47	Indian	Bachelor's degree
P4	Service Station	Mid	No	Manager	4 years	Never	Former	F	59	NZ European	School qualification
P5	Supermarket	High	Yes	Owner	7 years	Never	Never	M	31	Indian	No qualification
P6	Convenience Store	Low	No	Owner	3 years	Never	Never	M	44	Indian	School qualification
P7	Supermarket	Mid	Yes	Duty Manager	3 years	Tried once	Daily	F	35	Maori/ NZ European	School qualification
P8	Supermarket	Low	No	Manager	Unclear but > 3 years	Never	Never	F	42	NZ European	Certificate/Diploma
P9	Convenience Store	Mid	Yes	Owner	Unclear but > 10 years	Never	Never	M	28	Indian	No qualification
P10	Supermarket	High	No	Manager	2 months (but > 10 years as retailer)	Never	Daily	M	46	NZ Euro	Certificate/Diploma
P11	Convenience Store	High	Yes	Owner	7 months	Yes	Daily	M	36	Chinese	Bachelor's degree
P12	Supermarket	Mid	Yes	Grocery Manager	Not asked	Never	Never	M	34	NZ European	School qualification
P13	Convenience Store	High	Yes	Owner	4 years	Never	Never	M	42	Indian	Post-graduate
P14	Convenience Store	High	Yes	Owner	7 years	Never	Never	M	53	Chinese	Bachelor's degree
P15	Supermarket	High	Yes	Owner	2.5 years (>10 years as a retailer)	Never	Never	M	37	Chinese	Post-graduate
P16	Convenience Store	Mid	Yes	Owner	4 months	Never	Never	F	58	Chinese	Bachelor's degree
P17	Convenience Store	Low	No	Owner	18 years	Never	Never	F	57	NZ European	School qualification
P18	Supermarket	Mid	No	Owner	17.5 years	Never	Never	F	53	NZ European	School qualification

^a Convenience stores are defined as small businesses that sell primarily food, beverages and a limited range of household goods; in NZ, they are not permitted to sell alcohol.

^b The NZDep2013 scale provides an ordinal score from 1 to 10, where 1 represents the area with the least deprived score and 10 the areas with the most deprived score. For this study NZDep2013 is categorised for each outlet as low (deciles 1-3), medium (deciles 4-7) and high (deciles 8-10).

Knowledge of ENDS products and how to use them

Participants had little knowledge of ENDS or how to use the devices they sold. P1(Y) stated:

“they've got a kit and then they've got the bottle...I don't know how the kit opens, how they put it in there...I have no idea about it...I just sell them”. Like P3(Y), who commented: *“I don't know anything, I'm not smoking”*, P1 suggested consumers who smoked were responsible for understanding how the devices worked.

Participants used numbers indicating nicotine content to compare ENDS to tobacco and suggest how customers might wean themselves off nicotine (three indicated the highest nicotine strength in a commonly stocked e-liquid range). P1(Y) explained: *“...number three got the same volume of nicotine we've got in the actual cigarette...If people are intend[ing] to drop down the volume of nicotine, they can use the number two or number one and ... reduc[e] them day by day... then they come to shisha [a no-nicotine device] and... finish it”*. Yet although P1's overview was correct, he later described offering contradictory advice, such as starting on zero-nicotine products: *“ if the customer asks for it, like, “I want to quit”, so we offer them [electronic] shisha... this is what you can try, and buy that. We don't show the vapes, because vape is similar to the smoke... We show them directly shishas, like, which got no nicotine.... you can taste the flavour... and feel like you're smoking, but you're not getting any harmful chemicals in you.”*

Retailers' views on advising consumers varied and some acknowledged they could not provide appropriate guidance: *“The companies do give us a brochure that we can just pass on to them... there probably isn't enough training in store to be able to fully help somebody and make their mind up that this is the way that they should go”* (P12,Y). Others showed no interest in learning

how to advise people wanting to quit smoking: *"I will take their money, and that's it. But I most certainly ain't gonna stand there and say, "Well, look," you know, "do you know how to use them, and if so... or if not, this is how." I mean, if they're big enough to buy them, and old enough to buy them, they surely should be able to read the instructions"* (R4,N).

Perception of ENDS' relative harm

Participants who sold ENDS lacked knowledge of how these devices should be used and generally saw ENDS as similarly harmful to tobacco because both contained nicotine. P4(N) explained: *"I mean, nicotine does a heck of a lot of damage to you...Over years. You know. I mean, one smoke or two, probably wouldn't do a thing... But if you get addicted to it and smoke like I did...Oh my gosh. It does a heck of a lot of damage... So they [ENDS] would too... I would assume"*. Similarly, P1(Y) noted: *"As the [ENDS supplier] says, they've got the same nicotine. So, same nicotine, same harm"*. This confusion over nicotine appeared to arise from sales materials and advice, and led to misperceptions about the relative risk both products posed.

Retailers relied on customers' comments about ENDS' lower on-going costs and convenience to ascertain why people used ENDS and only a minority saw ENDS as a potential reduced risk product. P2(Y) summed up these perceived advantages: *"It [ENDS] costs so much less. So it's eight dollars for the same amount that you pay 70 dollars for normal tobacco... they also tell me is... if they feel stressed, they can't wake up at 2 o'clock and go outside the house to smoke, because normal smoke make lot of smoke around. Smell too. They can smoke this one in the bed too, and no, no smell"*. Retailers also commented on the increased control smokers reported: *"You don't have to... finish your smoke [with ENDS] ... you wanna smoke put in your pocket and then start again"* (P5,Y).

However, some felt any health benefits gained from switching to ENDS could be negated if smokers used ENDS more intensively than they had used smoked tobacco. P9(Y) commented: *“I reckon it [ENDS] could potentially be worse than smoking, because they're just doing it continuously all the time...And it's still a lot, 18 milligrams is quite a bit of, you know, nicotine as well, so...I reckon to that extent it could be quite bad in the long run as well”*. Some also felt concerned about the greater ‘output’ produced by ENDS, and saw the larger ‘smoke’ volumes as exposing those nearby to potentially harmful second-hand aerosol: *“...there's a lot more ‘smoke’. I'm not sure if it is smoke or what that is that comes off them... but you see people in their car... and there's just huge puffs of smoke...I think it's a bit of an unknown as to how harmful it is on a second-hand perspective”* (P8,N). Others had heard about accidents, though these appeared to be second-hand accounts: *“I heard about a couple cases, yeah. People get hot e-liquid...popped out or spilled from the pipe, and they got their lip or tongue get burned”* (P11,Y).

Capacity and willingness to advise customers on quitting smoking using ENDS

Most participants felt they could assist customers to quit smoking, though by offering empathy and encouragement, rather than specialist advice: *“I think we should have a role as far as giving people the information on support networks.... If there's someone with a gambling problem, they've got information downstairs as to where they can go to get help. I think that would be the extent of help we could offer. We certainly wouldn't have on-site counsellors or anything like that. But as long as we could give people information of where they can get help...Yeah. I think that would be enough”* (P8,N).

These comments delineated participants' as information providers (as opposed to advisors) and reflected their widely held view that smoking was a personal "choice" and enabled them to continue stocking and selling tobacco. Even those for whom tobacco sales presented a "dilemma" rationalised smoking as "people's choice" and rejected pleas from customers wanting to quit smoking as outside their role of "to smile, take your money". P11(Y) explained: *"Well, it's sort of dilemma, isn't it? 'Cause it's a part of the business. When you saying, you try to have a responsibility for the public, so it's sort of really a bit ah.... my priority is people's own choice. I respect people's choice, that's it".* P18(N) went even further: *"I've had people coming in and saying, 'If I want to buy cigarettes... don't sell them to me.'... From my point of view, I'm not getting involved. I'm not your mother, I'm not your caregiver. I'm here basically to smile, take your money."*

Stocking ENDS meant retailers could extend their product range, but they reiterated they would provide information rather than offer advice: *"So what is my role? I would just tell them what was available. The choice is theirs... Yeah. I'd tell them that we have the cigarettes. I'd tell them what we had. If they ask for vaping, I'd tell them what we had, and then... the choice is theirs. I'm not there... to make their choice for them"* (P17,N). Aside from respecting personal choice, tobacco retailers felt reluctant to promote ENDS as a smoking cessation tool because they lacked specialist knowledge: *"From a personal perspective... if you were a customer and decided to try and quit smoking using vaping ... I'd probably go to a pharmacist. I don't know why, but, for me, a pharmacist would probably have more information"* (P10,N). Others queried whether ENDS helped smokers quit and noted they had seen customers relapse from vaping to smoking: *"They're still two very different things, they're not the same, they're kind of similar, but... I've had a lot of people that have gone back to smoking"* (P9,Y).

Some felt concerned that ENDS merely replaced one addiction with another. They did not consider the relative risks of smoked tobacco and ENDS, focussing instead on nicotine, which some saw as the harmful component of tobacco: *"Yeah. I'm just not into the whole replacing one habit with another, and that's what I think you're doing if you stop smoking ...If you're replacing it with an e-cigarette, you're still getting your nicotine. And then I'm like, "what are you going to do to get off the e-cigarettes?"* (P7,Y).

Perceptions of proposed legislation

Participants had little knowledge of proposed ENDS regulation though most felt existing tobacco retailers, including themselves, were appropriate ENDS retailers: *"I suppose as long as it's not being sold at a place like um, like 'Lollipops Playland', you know, I probably wouldn't do that. But the typical dairies and liquor stores and most supermarkets as well, wherever you can buy cigarettes"* (P8,N). Others felt concerned they could be disadvantaged if other outlets could sell ENDS but they could not: *"But have to sell [through] everyone, not only give it to like pharmacy, or petrol station. If you stop the dairy shops [convenience stores], it's wrong"* (P6,N).

Most thought ENDS sales should be restricted to people over the age of 18: *"...under 18s don't need to be mucking around with stuff like that... I even frown upon the kids come in and they wanna buy lighters and matches and things like that, I'm like, "what do you need that for?"*" (P7,Y). However, one participant felt restricting sales to people over 18 could be counterproductive, if the legislation positioned ENDS as a harm reduction tool: *"...if it's not very harmful then I mean, maybe even just 16 should be fine. Cause the lots of teenagers they*

start smoking before the legal age...And this, some way, they just get into this-...Less harmful than the other ones” (P15,Y).

Other participants had more general concerns about the long-term health effects of ENDS use and thought policy decisions liberalising access to ENDS should await health impact studies. P9(Y) commented: *“...there's not much studies done into it yet, so we don't know... if they could be bad for you...it's hard to say, like I think this is one of those things that over time, like when they do, do the research and do all the testing behind it, then you'd be able to tell”*. One participant had no interest in selling ENDS, which she thought would be incompatible with her store's positioning. Instead, she felt sales should be restricted to specialist stores: *“probably just particular outlets I think, there's a couple of specialist tobacconist shops in [area] ... I definitely wouldn't be interested in selling them... yeah, I mean we're supposed to be perceived as a grocery store” (P18,N).*

Several participants found it difficult to reconcile more liberal promotion of ENDS with measures to reduce smoked tobacco use. P8(N) explained: *“the only thing I probably would question would be the promotional side of it... what are the limits on the promotion of the product? Is it just point-of-sale? I probably don't agree with that because... it's a product that still has nicotine in it and it is still promoting the act of smoking whether it be with or without nicotine”*. P16(Y) raised more specific questions: *“Why... advertise [and] have the [free] samples? That's encouraging people to smoke...I think that's the bad policy...If you sell, just sell. Why you have give a free sample? The people that not smoke, they'll come... to buy it...That means that you encourage... younger generation who are the people not smoke. They want to try it...You encourage them to go this bad habit”*.

Some felt concerned promotions of addictive products could promote experimentation; P10(N) explained: *"It's like pre-mixed [alcoholic] drinks... I call them 'lolly waters'. But what's their target? I mean, their target's for people that don't like beer or wine, so let's give them an alternative so they'll drink.... it's just like the flavoured e-products... as a smoker, why would I wanna smoke apple blossom? It's not smoking, I'm sorry"*. P15(Y) expanded on how ENDS' novelty would appeal to youth: *"Younger people... think it's fun. ...Yeah they're just fun, interest, new product... people always wanna try new things when they're young"*.

Experiences of selling ENDS

Of the 12 retailers who stocked ENDS, all reported a low demand for these products, which made up a tiny proportion of their overall turnover, despite sales reps' claims: *"They [company reps] were saying, 'oh it's selling a lot.' It might sell a lot in town. But it doesn't sell here... I'm sitting with about \$700 worth of stock at the moment... Yeah. I think I, from last 6 month, only sold one"* (P5,Y).

Unlike tobacco, where participants reported receiving incentives via rebates, had higher product turnover, repeat custom and perceived ancillary sales, they had little incentive to sell ENDS. Ironically, the main benefit of ENDS to consumers – reduced cost – was the main disadvantage to retailers. P13(Y) explained: *"it's a small shop, so we want our customers to be repeat every time, to come again and buy the smokes and buy some other stuffs... if the customers buy the e-cigarettes, ones like the long-lasting, it's very hard... to get the customers back to the shop... Like I want the customer to come every day. At least four or five times a*

week so that, you know, you can buy some other things... And second thing is that like, we sign a contract with the [tobacco] companies and the companies are giving us some sort of rebates and so for e-cigarettes we're not getting any rebates". Yet while most thought ENDS did not contribute to their business, they saw tobacco as essential: "... if my turnover for a week...is \$10,000, uh, the tobacco cigarette, the sale, about \$7,000. So, if we're not sell this one [tobacco], the shop can close" (P14,Y).

DISCUSSION

Participants had limited knowledge of ENDS products and so could not offer cessation advice to customers. Many saw providing advice as outside their role, which they described in purely transactional terms, and some provided inappropriate advice to customers, for example, advising them to switch immediately to a zero-nicotine product. Like many ENDS users,[9] participants felt uncertain about ENDS' attributes; several regarded nicotine as the harmful ingredient in tobacco and did not understand that -tobacco combustion caused the harmful compounds found in smoke.[15] Until they fully understand the relative risks of smoking and ENDS, there is a serious risk that non-specialist retailers may inadvertently undermine smokers' transitions to ENDS use.

Participants saw tobacco as more important to their business than ENDS as tobacco created more frequent repeat custom and they received rebates from tobacco companies. If ENDS are to form part of a harm-reduction strategy, policy makers need to dismantle the strong supply and advocacy relationships tobacco companies have developed with retailers,[16] and ensure the most harmful products are also the least accessible.[17, 18]

Although no participants thought ENDS made more than a negligible contribution to their turnover, most viewed proposals to liberalise the sale of ENDS favourably. However, some felt concerned that point-of-sale promotions (banned for smoked tobacco products in 2012) would appeal to young people and could prompt ENDS experimentation.

Our findings have important implications for impending changes to NZ's Smokefree Environments Act 1990,[19] and for international tobacco control advocates and policy-makers. First, the NZ's Government considers vaping products to have potential to help achieve NZ's Smokefree 2025 goal; a goal which will only be achieved by greatly accelerating smoking cessation rates. ~~First Yet,~~ research examining transitions from smoking to ENDS use suggests some smokers find vaping uptake difficult;[9, 20] some remain dual users while others revert to smoking,[8, 21] despite most wanting to stop smoking completely. Even 'pod mods' such as JUUL, which are easier to use than tank mods, require fundamental behaviour changes. Allowing ENDS sales from non-specialist stores whose staff have weak knowledge of the devices they sell and little commitment to go beyond their commercial remit, seems unlikely to support even those smokers wishing to use less technically complex devices to quit smoking using ENDS. Switchers need to learn how to use and maintain vaping products, find the 'right' combination of device and e-liquid nicotine concentration(s), and recreate ritualistic practices enacted with smoking.[9, 20]

Greatly limiting the supply of smoked tobacco and disallowing incentives offered to retailers alongside cautious increases in access to ENDS could rebalance the nicotine-product market in favour of less harmful options. Careful monitoring could identify positive effects and unintended outcomes, and enable availability to be fine-tuned. To create a nimble policy

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framework, policy makers should license ENDS retailers (and all tobacco retailers), require them to demonstrate knowledge of all devices they sell, and make it mandatory to advise users they should ultimately stop smoking and then to quit ENDS use. This approach could manage commercial motivations to prolong ENDS use and promote ENDS cessation among those vapers who can quit. Smokefree Enforcement Officers, who in NZ routinely visit tobacco retailers, educating them on the restrictions relating to the sale of combustible tobacco products and undertaking controlled purchase operations to test legislative compliance, could be directed to monitor and redress non-compliance with ENDS sales by convenience retailers.

Our study has some limitations; we cannot generalise from our small sample of retailers but the diversity of our sample is likely to have captured the range of views that would have been found in a larger qualitative study sample or a representative survey. The detailed data on participants' beliefs are a key strength of our study, which is the first to explore how ENDS are sold. Future work could review the advice provided by specialist retailers including vape stores and pharmacies, and variations in advice quality by retailers' own vaping experience. Such studies could inform future regulations and help develop criteria ENDS store owners must meet to obtain a licence.

In conclusion, convenience store owners who lack knowledge of the ENDS they sell may undermine rather than support smoking cessation. Policies regulating the availability of ENDS need to recognise the dynamic nature of the ENDS market and the acculturation process smokers undergo as they transition from smoking to exclusive ENDS use. Dramatically reducing the supply of smoked tobacco while restricting ENDS sales to specialist vape stores

and health promoting retailers, such as pharmacies, would recognise the relative risk of both products and support smokers to transition from smoking to exclusive vaping.

What this paper adds

- Although there is an intuitive logic in allowing ENDS to be sold wherever tobacco is sold, many tobacco retailers have little understanding of the ENDS they stock and some provide incorrect advice on ENDS usage.
- Dramatically reducing the availability of smoked tobacco and cautiously allowing increased distribution of ENDS would recognise the relative harms the two products present while ensuring smokers may access technical and behavioural advice to quit smoking.
- Until retailers demonstrate thorough knowledge of the devices they sell and smoking cessation, sale of ENDS should be limited to licensed vape stores and outlets that already specialise in smoking cessation, such as pharmacies.
- Allowing non-specialist tobacco retailers to sell ENDS products may reduce smokers' access to advice and support that will facilitate a successful transition to exclusive vaping.

Contributors: LR and JH conceptualised the project and obtained funding; LR, JH and LM designed the interview guide and sampling procedure. LR and LT undertook the interviews. LR, JB, JH and LM analysed the data; JB, LR and JH led the overall MS development; LM and LT provided feedback on drafts. JH, LR and JH responded to the reviewers' suggestions. JB is lead author and JH is senior author; other authors are listed in descending order of contribution. JB and JH are the MS guarantors; all authors have seen and approved the final manuscript version.

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